

AMENDMENTS TO THE CLAIMS

1-17. (Cancelled)

18. (Currently amended) A method of implanting a device in the left atrial appendage, comprising the steps of:

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providing a deployment catheter, having an elongate flexible body with a proximal end and a distal end, a control on the proximal end and a device removably carried adjacent ~~by~~ the distal end;

positioning at least a portion of the device in the left atrial appendage; and
manipulating the control to enlarge the device under positive force;

wherein the device comprises an expandable frame comprising at least two spokes, wherein the spokes are cut from a tube.

19. (Original) A method as in Claim 18, wherein the manipulating step comprises rotating the control.

20-21. (Canceled)

22. (Currently amended) A method as in Claim 18 ~~20~~, wherein the frame comprises at least six spokes.

23. (Original) A method as in Claim 22, wherein each spoke is movable from an axial orientation when the device is in a reduced cross section to an inclined orientation when the device is in an enlarged cross section.

24. (Previously presented) A method as in Claim 23, wherein each spoke comprises a proximal section, a distal section, and a bend in between the proximal and distal sections when the device is in the enlarged cross section.

25-26. (Canceled)

27. (Original) A method as in Claim 18, wherein the device further comprises a plurality of tissue anchors, and the method comprises the step of engaging tissue with at least some of the tissue anchors.

28-31. (Cancelled)

32. (Currently amended) A method of implanting a device in the left atrial appendage, comprising:

providing a ~~deployment~~ catheter having an elongate flexible body with a proximal end and a distal end, and an implantable device removably carried adjacent ~~by~~ the distal end;

positioning at least a portion of the device in the left atrial appendage; and
enlarging the device within the left atrial appendage,

wherein the deployment catheter comprises a deployment element extending therethrough releasably connected to the device.

33. (Previously presented) The method of Claim 32, wherein the deployment element comprises a flexible line.

34. (Canceled)

35. (Previously presented) The method of Claim 32, wherein the deployment element comprises a core.

36. (Previously presented) The method of Claim 32, wherein the deployment element comprises a pull wire.

37. (Currently amended) The method of Claim 32, wherein the deployment element is controlled by proximal retraction of the deployment line ~~attached to a control~~.

38. (Previously presented) The method of Claim 32, wherein the elongate flexible body comprises a lumen through which the deployment element is provided.

39. (Previously presented) The method of Claim 32, wherein enlarging the device within the left atrial appendage axially shortens the device.

40. (Previously presented) The method of Claim 32, wherein the device comprises a proximal hub and a distal hub.

41. (Previously presented) The method of Claim 40, wherein enlarging the device within the left atrial appendage comprises proximally retracting the distal hub while resisting movement of the proximal hub.

42. (Previously presented) The method of Claim 32, wherein the device self-expands to its enlarged shape.

43. (Currently amended) The method of Claim 32, further comprising releasing the device ~~from the deployment catheter~~ after the device is enlarged within the left atrial appendage.

44. (Previously presented) A method for implanting a device in the left atrial appendage of a patient, comprising:

providing an implantable device having a proximal end and a distal end, the implantable device having a collapsed configuration and an expanded configuration;

positioning the implantable device in the left atrial appendage while the device is in its collapsed configuration; and

expanding the implantable device in the left atrial appendage, wherein the device is enlarged by providing relative movement between a proximal end and a distal end of the device.

45. (Previously presented) The method of Claim 44, wherein expanding the implantable device comprises drawing the proximal and distal ends of the device relatively closer together.

46. (Previously presented) The method of Claim 44, wherein expansion of the device is at least partially controlled by a deployment line connected to one of the ends of the implantable device and extending through a deployment catheter.

47. (Previously presented) The method of Claim 46, wherein the deployment line is releasably connected to a proximal end of the implantable device.

48. (Previously presented) The method of Claim 46, wherein the deployment line is releasably connected to a distal end of the implantable device.

49. (Currently amended) The method of Claim ~~44~~ 47, further comprising a core extending through ~~a the~~ deployment catheter and extending to the distal end of the implantable device.

50. (Currently amended) The method of Claim 49, wherein relative movement between the proximal and distal ends of the implantable device is provided by moving the core in a proximal direction ~~relative to the deployment line~~.

51. (Currently amended) The method of Claim 49, wherein the implantable device is maintained in its collapsed configuration while being positioned in the left atrial appendage by holding stationary one end of the device while moving the other end of the device ~~maintaining~~

~~the core against a distal surface of the device while using the deployment line to hold stationary the proximal end of the device.~~

52. (Currently amended) The method of Claim 44, wherein the implantable device is at least partially self-expanding, ~~and is restrained from expansion until positioned in the left atrial appendage.~~

53. (Currently amended) A method for implanting a device in the left atrial appendage of a patient, comprising:

providing an implantable device having a proximal end and a distal end, the implantable device having a collapsed configuration and an expanded configuration;

positioning the implantable device in the left atrial appendage while the device is in its collapsed configuration, the implantable device when delivered into the left atrial appendage being releasably connected to a deployment line extending outside of the patient;

expanding the implantable device in the left atrial appendage; and

releasing the deployment line from the implantable device after the implantable device is appropriately expanded in the left atrial appendage;

wherein the deployment line is releasably connected to a proximal end of the implantable device, wherein the deployment line is a pull wire looped around a pin at the proximal end of the implantable device.

54. (Previously presented) The method of Claim 53, wherein the deployment line is released from the implantable device after the implantable device is confirmed to be in an appropriate location.

55-56. (Canceled)

57. (Currently amended) The method of Claim 53 ~~56~~, wherein the pull wire is looped over the pin and around a core extending through the implantable device.

58. (Previously presented) The method of Claim 53, wherein the implantable device is delivered to the left atrial appendage using a catheter.

59. (Previously presented) The method of Claim 53, further comprising at least partially collapsing the implantable device after expanding the implantable device in the left atrial appendage to reposition the implantable device.

60. (Previously presented) A method for implanting a device in the left atrial appendage of a patient, comprising:

providing an implantable device having a proximal end and a distal end, the implantable device having a collapsed configuration and an expanded configuration;

positioning the implantable device in the left atrial appendage while the device is in its collapsed configuration;

expanding the implantable device in the left atrial appendage to a first position;

and

repositioning the implantable device in the left atrial appendage by at least partially collapsing the implantable device and re-expanding the implantable device to a second position within the left atrial appendage.

61. (Previously presented) The method of Claim 60, wherein the implantable device is delivered to the left atrial appendage using a deployment catheter.

62. (Previously presented) The method of Claim 60, wherein the implantable device is moveable between its collapsed configuration and its expanded configuration by causing relative movement between the proximal and distal ends of the device.

63. (Previously presented) A method for delivering an implantable device within a left atrial appendage of a patient, comprising:

providing a deployment catheter having a proximal end and a distal end, the deployment catheter having an elongate core and a pull wire extending therethrough;

delivering an implantable device having a proximal end and a distal end to the left atrial appendage using the deployment catheter, the implantable device having a collapsed configuration wherein the proximal and distal ends are relatively far apart and an expanded configuration wherein the proximal and distal ends are relatively close together, the proximal end releasably connected to the pull wire and the distal end engaged with the elongate core, wherein the pull wire is held taut and the elongate core is pushed against a distal surface of the implantable device to hold the implantable device in its collapsed configuration during delivery; and

expanding the implantable device within the left atrial appendage by moving the elongate core proximally relative to the proximal end of the device and the pull wire, the

proximal movement causing the implantable device to expand under its own bias to the expandable configuration.

64. (Previously presented) The method of Claim 63, further comprising at least partially collapsing the implantable device after expanding the implantable device to reposition the implantable device by moving the elongate core relatively distally against the distal surface and moving the pull wire relatively proximally causing the proximal and distal ends of the implantable device to move relatively apart.

65. (Previously presented) The method of Claim 63, wherein the elongate core slides relative to the implantable device within a guide tube extending axially within the implantable device.

66. (Previously presented) The method of Claim 63, further comprising removing the elongate core and the pull wire from the implantable device after confirming the position of the implantable device within the left atrial appendage.

67. (Previously presented) The method of Claim 63, wherein the pull wire is releasably locked to the implantable device by looping the pull wire around a pin at the proximal end of the device and around the core.

68. (Previously presented) The method of Claim 63, wherein the core is threadingly engageable with a portion of the implantable device.

69. (Previously presented) A method for implanting a device in the left atrial appendage of a patient, comprising:

providing an implantable device having a proximal end and a distal end, the implantable device having a collapsed configuration and an expanded configuration;

positioning the implantable device in the left atrial appendage while the device is in its collapsed configuration, the implantable device when delivered into the left atrial appendage being releasably connected to a deployment line extending outside of the patient; and

expanding the implantable device in the left atrial appendage.

70. (Previously presented) The method of Claim 69, wherein the deployment line is releasably connected to a proximal end of the implantable device.

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71. (Previously presented) The method of Claim 69, wherein the implantable device is delivered to the left atrial appendage using a catheter.

61 72. (New) The method of Claim 63, wherein the elongate core provides a distal retention force against the distal end of the implantable device, and wherein expanding the implantable device within the left atrial appendage by moving the elongate core proximally relative to the proximal end of the device and the pull wire comprises manipulating the pull wire while maintaining the distal retention force such that the implantable device expands under its own bias, drawing the proximal end of the device toward the distal end.
